

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3	1					
4	1					
5		2				
6		①				
7		②				
8		③				
9		④				
10		⑤				
11		1				
12		1				
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TOTAL IND.	3					
TOTAL DEP.	12					
TOTAL CLAIMS	15					

	IND	DEP	IND	DEP	IND	DEP
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